## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Michael	Stibble		F-1
II. Name of lobbyist's pa	artnership, firm or co	orporation, if any:		
			14	
(Name o	of pattnership, firm or con	rporation)		
64 N.Mam St	1,5to 2	Comord	nH	03301
Business Address: (Street	)	(Town/City)	(State)	(Zip Code)
(Telephone)	32 (603)	015-267 (Fax)	(State) 7 e-mail M.Kes	5 Pdrenhiorg
III. This statement cove	rs: (Choose one – file	separate reports for	each client, OR you may	y file a separate report for
reportable expense tran	sactions which are no	t attributable to any	one client).	
☐ All reportable transac	tions occurring in the	nonths prior to the re	porting date relative to the	following client:
•		r	F 0	3
(F	Full Name of Client as it a	appears on the Lobbyist	Registration Form)	
<u>OR</u>			,	
All reportable transact unrelated to any particular		ncluding the lobbyist	s family), or the lobbying	firm listed below which are
IV. Date of Report A	April 26, 2017		July 26, 2017	
<del>-</del>	from date of registration	to 3/31/17 act	ivity from 4/1/17 to 6/30/17	
	October 25, 2017	7.7	January 31, 2018	-
acıı	ivity from 7/1/17 to 9/30/	1/ ac.	tivity from 10/1/17 to 12/31/1	·/
			sactions made since th retary of State's Office, Sta	
VI. Check if additional r	'eports are attached:			
	-	ires, you must file Ad	dendum A- Fees and Exp	penses
If you have paid an ho Expense Reimbursement	onorarium or reimburs	ed expenses, you mus	st file Addendum B. Rep	ort of Honorariums or
	our family has made p	olitical contributions	, you must file Addendun	n C- Political Contributions
Sworn Statement/Affirm I have read RSA 15. RSA		RSA 664 and hereby	swear or affirm that the fo	regoing information is true
and complete to the best o		-	1 1	-
anus	der			
(Signature of lobbyist)	(111.	-	/(Date	)
Michael.	7Kibbie			
(Print Name of lobbyist)	-			RECEIVED

JAN 2 4 2018

NEW HAMPSHIRE DEPARTMENT OF STATE